



CONSTRUCTION METER APPLICATION

City of Grapevine

Date: _____

Company Name _____

Billing Address _____

City _____ State _____ Zip _____

Billing Contact Name _____

Contact Phone No. (_____) _____

Email Address _____

Project Name _____

Construction Address _____

Construction Site Contact Name _____

Construction Site Contact Phone Number _____

Email Address _____

Signature

Date

GPV Receipt # _____

